

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 380201.91306

First Named Inventor Thomas M. Luebke

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VOLTAGE SENSING HAND TOOL

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | YES                      | NO                       |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**

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City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :



A petition has been filed for this unsigned inventor

Given Name

Thomas M.

Family Name Luebke  
or Surname

(first and middle [if any])

Inventor's  
Signature

Date 3-26-02

Residence: City

Menomonee Falls

State WI

Country US

Citizenship US

Mailing Address N56 W16011 Scott Lane

Mailing Address

City Menomonee Falls

State WI

ZIP 53051

Country US

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

David L.

Family Name Wiesemann  
or Surname

(first and middle [if any])

Inventor's  
Signature

Date 3/26/02

Residence: City

Pewaukee

State WI

Country US

Citizenship US

Mailing Address 484 Laureywood Court

Mailing Address

City Pewaukee

State WI

ZIP 53072

Country US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
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|                                                   |          |                                                                               |                |
|---------------------------------------------------|----------|-------------------------------------------------------------------------------|----------------|
| <b>Name of Additional Joint Inventor, if any:</b> |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                |
| Given Name (first and middle [if any])            |          | Family Name or Surname                                                        |                |
| George R.                                         |          | Steber                                                                        |                |
| Inventor's Signature <i>George R Steber</i>       |          | Date <i>03/26/02</i>                                                          |                |
| Residence: City Mequon                            | State WI | Country US                                                                    | Citizenship US |
| Mailing Address 9957 North River Road             |          |                                                                               |                |
| Mailing Address                                   |          |                                                                               |                |
| City Mequon                                       | State WI | ZIP 53092                                                                     | Country US     |
| <b>Name of Additional Joint Inventor, if any:</b> |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                |
| Given Name (first and middle [if any])            |          | Family Name or Surname                                                        |                |
|                                                   |          |                                                                               |                |
| Inventor's Signature                              |          | Date                                                                          |                |
| Residence: City                                   | State    | Country                                                                       | Citizenship    |
| Mailing Address                                   |          |                                                                               |                |
| Mailing Address                                   |          |                                                                               |                |
| City                                              | State    | ZIP                                                                           | Country        |
| <b>Name of Additional Joint Inventor, if any:</b> |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                |
| Given Name (first and middle [if any])            |          | Family Name or Surname                                                        |                |
|                                                   |          |                                                                               |                |
| Inventor's Signature                              |          | Date                                                                          |                |
| Residence: City                                   | State    | Country                                                                       | Citizenship    |
| Mailing Address                                   |          |                                                                               |                |
| Mailing Address                                   |          |                                                                               |                |
| City                                              | State    | ZIP                                                                           | Country        |

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